

DEPENDENCY-NEGLECT COVER SHEET CONTINUED (Page 2 of 2)

Juvenile Name: _____ Case Number: JV- _____

Additional Court Action

Hearing Date: _____ Order Date: _____

- ☐ Adoption ☐ Guardianship ☐ Civil Commitment ☐ Paternity
☐ Custody ☐ Child Support ☐ IV-D Case (For OCSE use only)

Plaintiff SSN: _____ DOB: _____

Defendant SSN: _____ DOB: _____

Family Information:

☐ There are no children born of the marriage.

Full Name(s) of child(ren): _____ DOB: _____ SSN: _____
_____ DOB: _____ SSN: _____
_____ DOB: _____ SSN: _____
_____ DOB: _____ SSN: _____
_____ DOB: _____ SSN: _____

Payee (Custodial Parent/Other) Address: _____

Public Law 104-193 Information:

<input type="checkbox"/> () Custody Placed With:	<input type="checkbox"/> Plaintiff	<input type="checkbox"/> Defendant	<input type="checkbox"/> Other (Name) _____
<input type="checkbox"/> () Child Support	<input type="checkbox"/> New	<input type="checkbox"/> Modified	<input type="checkbox"/> Terminated
<input type="checkbox"/> () Spousal Support	<input type="checkbox"/> New	<input type="checkbox"/> Modified	<input type="checkbox"/> Terminated
<input type="checkbox"/> () Order of Protection	<input type="checkbox"/> Plaintiff	<input type="checkbox"/> Defendant	<input type="checkbox"/> Child
<input type="checkbox"/> () Income Withholding	Employer _____		
	Address _____		
	Telephone _____		

Clerk's Signature

Date

AOC 32 10-01
625 Marshall Street
Little Rock AR 72201

Effective 1-1-2002

Send 1 paper or electronic copy to AOC upon Filing.
Send 1 paper or electronic copy to AOC upon Disposition.
Keep original in Court file.